

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



For more information about Indiana Health Coverage Programs (IHCP) provider enrollment risk categories and application fees, see the [Provider Enrollment Application Fee](#) and [Provider Enrollment Risk Levels and Screening](#) web pages and the [Provider Enrollment](#) provider reference module, available at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

Provider Type Code and Description	Specialty and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
01 – Hospital	010 – Acute Care	Yes	Limited	Limited
01 – Hospital	011 – Psychiatric	Yes	Limited	Limited
01 – Hospital	012 – Rehabilitation	Yes	Limited	Limited
01 – Hospital	013 – Long-Term Acute Care	Yes	Limited	Limited
02 – Ambulatory Surgical Center (ASC)	020 – Ambulatory Surgical Center (ASC)	Yes	Limited	Limited
03 – Extended Care Facility	030 – Nursing Facility	Yes	Limited	Limited
03 – Extended Care Facility	031 – Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Yes	Limited	Limited
03 – Extended Care Facility	032 – Pediatric Nursing Facility	Yes	Limited	Limited
03 – Extended Care Facility	033 – Residential Care Facility	Yes	Limited	Limited
03 – Extended Care Facility	034 – Psychiatric Residential Treatment Facility	Yes	Limited	Limited
04 – Rehabilitation Facility	040 – Rehabilitation Facility	Yes	Limited	Limited
04 – Rehabilitation Facility	041 – Comprehensive Outpatient Rehabilitation Facility (CORF)	Yes	Moderate	Moderate
05 – Home Health Agency	050 – Home Health Agency	Yes	High	Moderate
06 – Hospice	060 – Hospice	Yes	Moderate	Moderate
08 – Clinic	080 – Federally Qualified Health Clinic (FQHC)	Yes	Limited	Limited
08 – Clinic	081 – Rural Health Clinic (RHC)	Yes	Limited	Limited
08 – Clinic	082 – Medical Clinic	No	Limited	Limited
08 – Clinic	083 – Family Planning Clinic	No	Limited	Limited
08 – Clinic	084 – Nurse Practitioner Clinic	No	Limited	Limited
08 – Clinic	086 – Dental Clinic	No	Limited	Limited
08 – Clinic	087 – Therapy Clinic	Yes	Moderate	Moderate
08 – Clinic	088 – Birthing Center	No	Limited	Limited
09 – Advanced Practice Registered Nurse	090 – Pediatric Nurse Practitioner	No	Limited	Limited
09 – Advanced Practice Registered Nurse	091 – Obstetric Nurse Practitioner	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



Provider Type Code and Description	Specialty and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
09 – Advanced Practice Registered Nurse	092 – Family Nurse Practitioner	No	Limited	Limited
09 – Advanced Practice Registered Nurse	093 – Nurse Practitioner (Other)	No	Limited	Limited
09 – Advanced Practice Registered Nurse	094 – Certified Registered Nurse Anesthetist (CRNA)	No	Limited	Limited
09 – Advanced Practice Registered Nurse	095 – Certified Nurse Midwife	No	Limited	Limited
10 – Physician Assistant	100 – Physician Assistant	No	Limited	Limited
11 – Behavioral Health Provider	110 – Outpatient Mental Health Clinic	No	Limited	Limited
11 – Behavioral Health Provider	111 – Community Mental Health Center (CMHC)	Yes	Moderate	Moderate
11 – Behavioral Health Provider	114 – Health Service Provider in Psychology (HSPP)	No	Limited	Limited
11 – Behavioral Health Provider	115 – Adult Mental Health and Habilitation (AMHH)	Yes	Moderate	Moderate
11 – Behavioral Health Provider	611 – Children’s Mental Health Wraparound (CMHW)	*	Limited	Limited
11 – Behavioral Health Provider	612 – Behavioral and Primary Healthcare Coordination (BPHC)	No	Moderate	Moderate
11 – Behavioral Health Provider	613 – Psychosocial Rehabilitation Services	No	Limited	Limited
11 – Behavioral Health Provider	615 – Applied Behavior Analysis (ABA) Therapist	No	Limited	Limited
11 – Behavioral Health Provider	616 – Licensed Psychologist	No	Limited	Limited
11 – Behavioral Health Provider	617 – Licensed Independent Practice School Psychologist	No	Limited	Limited
11 – Behavioral Health Provider	618 – Licensed Clinical Social Worker (LCSW)	No	Limited	Limited
11 – Behavioral Health Provider	619 – Licensed Marriage and Family Therapist (LMFT)	No	Limited	Limited
11 – Behavioral Health Provider	620 – Licensed Mental Health Counselor (LMHC)	No	Limited	Limited
11 – Behavioral Health Provider	621 – Licensed Clinical Addiction Counselor (LCAC)	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



Provider Type Code and Description	Specialty and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
11 – Behavioral Health Provider	835 – Opioid Treatment Program	No	Limited	Limited
11 – Behavioral Health Provider	836 – Substance Use Disorder (SUD) Residential Addiction Treatment Facility	Yes	Moderate	Limited
12 – School Corporation	120 – School Corporation	No	Limited	Limited
13 – Public Health Agency	130 – County Health Department	Yes	Limited	Limited
14 – Podiatrist	140 – Podiatrist	No	Limited	Limited
15 – Chiropractor	150 – Chiropractor	No	Limited	Limited
17 – Therapist	170 – Physical Therapist	*	Moderate	Moderate
17 – Therapist	171 – Occupational Therapist	*	Limited	Limited
17 – Therapist	173 – Speech/Hearing Therapist	*	Limited	Limited
18 – Optometrist	180 – Optometrist	No	Limited	Limited
19 – Optician	190 – Optician	No	Limited	Limited
20 – Audiologist	200 – Audiologist	No	Limited	Limited
22 – Hearing Aid Dealer	220 – Hearing Aid Dealer	Yes	High	Moderate
24 – Pharmacy	240 – Pharmacy	Yes	Limited	Limited
24 – Pharmacy	250 – Durable Medical Equipment (DME)/ Medical Supply Dealer	Yes	High	Moderate
24 – Pharmacy	251 – Home Medical Equipment (HME)	Yes	High	Moderate
25 – DME/Medical Supply Dealer	250 – DME/Medical Supply Dealer	Yes	High	Moderate
25 – DME/Medical Supply Dealer	251 – HME/Home Medical Equipment	Yes	High	Moderate
26 – Transportation Provider	260 – Ambulance	Yes	Moderate	Moderate
26 – Transportation Provider	261 – Air Ambulance	Yes	Moderate	Moderate
26 – Transportation Provider	262 – Bus	Yes	High	Moderate
26 – Transportation Provider	263 – Taxi	Yes	High	Moderate
26 – Transportation Provider	264 – Common Carrier (Ambulatory)	Yes	High	Moderate
26 – Transportation Provider	265 – Common Carrier (Nonambulatory)	Yes	High	Moderate
26 – Transportation Provider	266 – Family Member	No	Limited	Limited
26 – Transportation Provider	267 – Transportation Network Company (TNC)	Yes	Limited	Limited
26 – Transportation Provider	268 – Nursing Home Transportation	No	Limited	Limited
26 – Transportation Provider	269 – Broker Fleet	No	Limited	Limited
27 – Dentist	270 – Endodontist	No	Limited	Limited
27 – Dentist	271 – General Dentistry Practitioner	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



Provider Type Code and Description	Specialty and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
27 – Dentist	272 – Oral Surgeon	No	Limited	Limited
27 – Dentist	273 – Orthodontist	No	Limited	Limited
27 – Dentist	274 – Pediatric Dentist	No	Limited	Limited
27 – Dentist	275 – Periodontist	No	Limited	Limited
27 – Dentist	276 – Mobile Dental Van	No	Limited	Limited
27 – Dentist	277 – Prosthesis	No	Limited	Limited
28 – Laboratory	280 – Independent Lab	Yes	Moderate	Moderate
28 – Laboratory	281 – Mobile Lab	Yes	Moderate	Moderate
28 – Laboratory	282 – Independent Diagnostic Testing Facility (IDTF)	Yes	Moderate	Moderate
28 – Laboratory	283 – Mobile Independent Diagnostic Testing Facility (IDTF)	Yes	Moderate	Moderate
29 – Radiology	290 – Freestanding X-Ray Clinic	Yes	Limited	Limited
29 – Radiology	291 – Mobile X-Ray Clinic	Yes	Moderate	Moderate
30 – End-Stage Renal Disease (ESRD) Clinic	300 – Freestanding Renal Dialysis Clinic	Yes	Limited	Limited
31 – Physician	310 – Allergist	No	Limited	Limited
31 – Physician	311 – Anesthesiologist	No	Limited	Limited
31 – Physician	312 – Cardiologist	No	Limited	Limited
31 – Physician	313 – Cardiovascular Surgeon	No	Limited	Limited
31 – Physician	314 – Dermatologist	No	Limited	Limited
31 – Physician	315 – Emergency Medicine Practitioner	No	Limited	Limited
31 – Physician	316 – Family Practitioner	No	Limited	Limited
31 – Physician	317 – Gastroenterologist	No	Limited	Limited
31 – Physician	318 – General Practitioner	No	Limited	Limited
31 – Physician	319 – General Surgeon	No	Limited	Limited
31 – Physician	320 – Geriatric Practitioner	No	Limited	Limited
31 – Physician	321 – Hand Surgeon	No	Limited	Limited
31 – Physician	323 – Neonatologist	No	Limited	Limited
31 – Physician	324 – Nephrologist	No	Limited	Limited
31 – Physician	325 – Neurological Surgeon	No	Limited	Limited
31 – Physician	326 – Neurologist	No	Limited	Limited
31 – Physician	327 – Nuclear Medicine Practitioner	No	Limited	Limited
31 – Physician	328 – Obstetrician/Gynecologist	No	Limited	Limited
31 – Physician	329 – Oncologist	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



Provider Type Code and Description	Specialty and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
31 – Physician	330 – Ophthalmologist	No	Limited	Limited
31 – Physician	331 – Orthopedic Surgeon	No	Limited	Limited
31 – Physician	332 – Otologist, Laryngologist, Rhinologist	No	Limited	Limited
31 – Physician	333 – Pathologist	No	Limited	Limited
31 – Physician	334 – Pediatric Surgeon	No	Limited	Limited
31 – Physician	336 – Physical Medicine and Rehabilitation Practitioner	No	Limited	Limited
31 – Physician	337 – Plastic Surgeon	No	Limited	Limited
31 – Physician	338 – Proctologist	No	Limited	Limited
31 – Physician	339 – Psychiatrist	No	Limited	Limited
31 – Physician	340 – Pulmonary Disease Specialist	No	Limited	Limited
31 – Physician	341 – Radiologist	No	Limited	Limited
31 – Physician	342 – Thoracic Surgeon	No	Limited	Limited
31 – Physician	343 – Urologist	No	Limited	Limited
31 – Physician	344 – General Internist	No	Limited	Limited
31 – Physician	345 – General Pediatrician	No	Limited	Limited
31 – Physician	346 – Dispensing Physician	No	Limited	Limited
32 – Waiver Provider	<b>See pages 6–13.</b>			
36 – Genetic Counselor	800 – Genetic Counselor	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	350 – Aged and Disabled (AD) Waiver	A00	Adult Day Services (Level 1)	No	Limited	Limited
	350 – AD Waiver	A01	Adult Day Services (Level 2)	No	Limited	Limited
	350 – AD Waiver	A02	Adult Day Services (Level 3)	No	Limited	Limited
	350 – AD Waiver	A03	Adult Foster Care	Yes	Limited	Limited
	350 – AD Waiver	A04	Assisted Living	No	Limited	Limited
	350 – AD Waiver	A05	Attendant Care	No	High	Moderate
	350 – AD Waiver	A06	Case Management	No	Limited	Limited
	350 – AD Waiver	A07	Community Transition Services	No	Limited	Limited
	350 – AD Waiver	A08	Environmental Modifications	No	Limited	Limited
	350 – AD Waiver	A09	Healthcare Coordination	No	Limited	Limited
	350 – AD Waiver	A10	Home-Delivered Meals	No	Limited	Limited
	350 – AD Waiver	A11	Homemaker	No	Limited	Limited
	350 – AD Waiver	A12	Nutritional Supplements	No	Limited	Limited
	350 – AD Waiver	A13	Pest Control	No	Limited	Limited
	350 – AD Waiver	A14	Respite	No	Limited	Limited
	350 – AD Waiver	A15	Self-Directed Attendant Care	No	Limited	Limited
	350 – AD Waiver	A16	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	350 – AD Waiver	A17	Transportation	Yes	Limited	Limited
	350 – AD Waiver	A18	Vehicle Modifications	No	Limited	Limited
	350 – AD Waiver	A19	Personal Emergency Response Systems	No	Limited	Limited
	350 – AD Waiver	A20	Environmental Modifications Assessment	No	Limited	Limited
	350 – AD Waiver	A21	Structured Family Caregiving	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	356 –Traumatic Brain Injury (TBI) Waiver	B00	Adult Day Services (Level 1)	No	Limited	Limited
	356 – TBI Waiver	B01	Adult Day Services (Level 2)	No	Limited	Limited
	356 – TBI Waiver	B02	Adult Day Services (Level 3)	No	Limited	Limited
	356 – TBI Waiver	B03	Adult Foster Care	Yes	Limited	Limited
	356 – TBI Waiver	B04	Attendant Care	No	High	Moderate
	356 – TBI Waiver	B05	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	356 – TBI Waiver	B06	Case Management	No	Limited	Limited
	356 – TBI Waiver	B07	Community Transition Services	No	Limited	Limited
	356 – TBI Waiver	B08	Environmental Modifications	No	Limited	Limited
	356 – TBI Waiver	B09	Healthcare Coordination	No	Limited	Limited
	356 – TBI Waiver	B10	Home-Delivered Meals	No	Limited	Limited
	356 – TBI Waiver	B11	Homemaker	No	Limited	Limited
	356 – TBI Waiver	B12	Nutritional Supplements	No	Limited	Limited
	356 – TBI Waiver	B13	Occupational Therapy	No	Limited	Limited
	356 – TBI Waiver	B14	Personal Emergency Response Systems	No	Limited	Limited
	356 – TBI Waiver	B15	Pest Control	No	Limited	Limited
	356 – TBI Waiver	B17	Residential Habilitation and Support	No	Limited	Limited
	356 – TBI Waiver	B18	Respite	No	Limited	Limited
	356 – TBI Waiver	B19	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	356 – TBI Waiver	B20	Speech/Language Therapy	No	Limited	Limited
	356 – TBI Waiver	B21	Structured Day Program	No	Limited	Limited
	356 – TBI Waiver	B22	Supported Employment Follow-Along	No	Limited	Limited
	356 – TBI Waiver	B23	Transportation	Yes	Limited	Limited
	356 – TBI Waiver	B24	Vehicle Modifications	No	Limited	Limited
	356 – TBI Waiver	B25	TBI Assisted Living	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	359 – Community Integration and Habilitation (CIH) Waiver	C00	Adult Day Services (Level 1, 2, 3)	No	Limited	Limited
	359 – CIH Waiver	C01	Structured Family Caregiver	Yes	Limited	Limited
	359 – CIH Waiver	C02	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	359 – CIH Waiver	C03	Community-Based Habilitation – Group	No	Limited	Limited
	359 – CIH Waiver	C04	Community-Based Habilitation – Individual	No	Limited	Limited
	359 – CIH Waiver	C05	Community Transition Services	No	Limited	Limited
	359 – CIH Waiver	C06	Remote Supports 1 Participant	No	Limited	Limited
	359 – CIH Waiver	C07	Environmental Modifications	No	Limited	Limited
	359 – CIH Waiver	C08	Facility-Based Habilitation – Group	No	Limited	Limited
	359 – CIH Waiver	C09	Facility-Based Habilitation – Individual	No	Limited	Limited
	359 – CIH Waiver	C10	Facility-Based Support Services	No	Limited	Limited
	359 – CIH Waiver	C11	Family and Caregiver Training	No	Limited	Limited
	359 – CIH Waiver	C12	Intensive Behavioral Intervention	No	Limited	Limited
	359 – CIH Waiver	C13	Music Therapy	*	Limited	Limited
	359 – CIH Waiver	C14	Occupational Therapy	*	Limited	Limited
	359 – CIH Waiver	C15	Personal Emergency Response Systems	No	Limited	Limited
	359 – CIH Waiver	C16	Physical Therapy	*	Moderate	Moderate
	359 – CIH Waiver	C17	Prevocational Services	No	Limited	Limited
	359 – CIH Waiver	C18	Psychological Therapy	No	Limited	Limited
	359 – CIH Waiver	C19	Recreational Therapy	*	Limited	Limited
	359 – CIH Waiver	C20	Rent/Food for Unrelated Live-In Caregiver	No	Limited	Limited
	359 – CIH Waiver	C21	Residential Habilitation and Support	No	Limited	Limited
	359 – CIH Waiver	C22	Respite	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	359 – CIH Waiver	C23	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	359 – CIH Waiver	C24	Speech/Language Therapy	*	Limited	Limited
	359 – CIH Waiver	C25	Extended Services	No	Limited	Limited
	359 – CIH Waiver	C26	Transportation Level 1	Yes	Limited	Limited
	359 – CIH Waiver	C27	Workplace Assistance	No	Limited	Limited
	359 – CIH Waiver	C28	Case Management	No	Limited	Limited
	359 – CIH Waiver	C29	Transportation (Level 2)	Yes	Limited	Limited
	359 – CIH Waiver	C30	Transportation (Level 3)	Yes	Limited	Limited
	359 – CIH Waiver	C31	Wellness Coordination	No	Limited	Limited
	359 – CIH Waiver	C32	Supported Employee Follow-Along	No	Limited	Limited
	359 – CIH Waiver	C33	Remote Supports 2 Participants	No	Limited	Limited
	359 – CIH Waiver	C34	Remote Supports 3 Participants	No	Limited	Limited
	359 – CIH Waiver	C35	Remote Supports 4 Participants	No	Limited	Limited
32 – Waiver Provider	360 – Family Supports Waiver (FSW)	D00	Adult Day Services (Level 1, 2, 3)	No	Limited	Limited
	360 – FSW	D01	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	360 – FSW	D02	Community-Based Habilitation – Group	No	Limited	Limited
	360 – FSW	D03	Community-Based Habilitation – Individual	No	Limited	Limited
	360 – FSW	D04	Facility-Based Habilitation – Group	No	Limited	Limited
	360 – FSW	D05	Facility-Based Habilitation – Individual	No	Limited	Limited
	360 – FSW	D06	Facility-Based Support Services	No	Limited	Limited
	360 – FSW	D07	Family and Caregiver Training	No	Limited	Limited
	360 – FSW	D08	Intensive Behavioral Intervention	No	Limited	Limited
	360 – FSW	D09	Music Therapy	*	Limited	Limited
	360 – FSW	D10	Occupational Therapy	*	Limited	Limited
	360 – FSW	D11	Personal Emergency Response Systems	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	360 – FSW	D12	Speech/Language Therapy	*	Limited	Limited
	360 – FSW	D13	Physical Therapy	*	Moderate	Moderate
	360 – FSW	D14	Prevocational Services	No	Limited	Limited
	360 – FSW	D15	Psychological Therapy	No	Limited	Limited
	360 – FSW	D16	Recreational Therapy	*	Limited	Limited
	360 – FSW	D17	Respite	No	Limited	Limited
	360 – FSW	D18	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	360 – FSW	D19	Extended Services	No	Limited	Limited
	360 – FSW	D20	Transportation	Yes	Limited	Limited
	360 – FSW	D21	Workplace Assistance	No	Limited	Limited
	360 – FSW	D22	Case Management	No	Limited	Limited
	360 – FSW	D23	Participant Assistance and Care	No	Limited	Limited
	360 – FSW	D24	Environmental Modification, Install	No	Limited	Limited
	360 – FSW	D25	Environmental Modifications, Maintain	No	Limited	Limited
	360 – FSW	D26	Equipment – Assess/Inspect/Train	No	Limited	Limited
	360 – FSW	D27	Remote Supports, Equipment	No	Limited	Limited
	360 – FSW	D28	Remote Support, 1 Participant	No	Limited	Limited
	360 – FSW	D29	Remote Support, 2 Participants	No	Limited	Limited
	360 – FSW	D30	Remote Support, 3 Participants	No	Limited	Limited
	360 – FSW	D31	Remote Support, 4 Participants	No	Limited	Limited
	360 – FSW	D32	Transportation, Level 2	Yes	Limited	Limited
	360 – FSW	D33	Transportation, Level 3	Yes	Limited	Limited
32 – Waiver Provider	363 – Money Follows the Person (MFP) Demonstration Grant	F00	Adult Day Services (Level 1)	No	Limited	Limited
	363 – MFP Demonstration	F01	Adult Day Services (Level 2)	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	363 – MFP Demonstration	F02	Adult Day Services (Level 3)	No	Limited	Limited
	363 – MFP Demonstration	F03	Adult Foster Care	Yes	Limited	Limited
	363 – MFP Demonstration	F04	Assisted Living	No	Limited	Limited
	363 – MFP Demonstration	F05	Attendant Care	No	High	Moderate
	363 – MFP Demonstration	F06	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	363 – MFP Demonstration	F07	Case Management	No	Limited	Limited
	363 – MFP Demonstration	F08	Community-Based Habilitation – Individual	No	Limited	Limited
	363 – MFP Demonstration	F09	Community-Based Habilitation – Group	No	Limited	Limited
	363 – MFP Demonstration	F10	Community Transition Services	No	Limited	Limited
	363 – MFP Demonstration	F11	Electronic Monitoring	No	Limited	Limited
	363 – MFP Demonstration	F12	Environmental Modifications	No	Limited	Limited
	363 – MFP Demonstration	F13	Facility-Based Habilitation – Group	No	Limited	Limited
	363 – MFP Demonstration	F14	Facility-Based Habilitation – Individual	No	Limited	Limited
	363 – MFP Demonstration	F15	Facility-Based Support Services	No	Limited	Limited
	363 – MFP Demonstration	F16	Family and Caregiver Training	No	Limited	Limited
	363 – MFP Demonstration	F17	Healthcare Coordination	No	Limited	Limited
	363 – MFP Demonstration	F18	Home-Delivered Meals	No	Limited	Limited
	363 – MFP Demonstration	F19	Homemaker	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	363 – MFP Demonstration	F20	Intensive Behavioral Intervention	No	Limited	Limited
	363 – MFP Demonstration	F21	Music Therapy	*	Limited	Limited
	363 – MFP Demonstration	F22	Nutritional Supplements	No	Limited	Limited
	363 – MFP Demonstration	F23	Occupational Therapy	*	Limited	Limited
	363 – MFP Demonstration	F24	Personal Emergency Response Systems	No	Limited	Limited
	363 – MFP Demonstration	F25	Pest Control	No	Limited	Limited
	363 – MFP Demonstration	F26	Physical Therapy	*	Moderate	Moderate
	363 – MFP Demonstration	F27	Prevocational Services	No	Limited	Limited
	363 – MFP Demonstration	F28	Psychological Therapy	No	Limited	Limited
	363 – MFP Demonstration	F29	Recreational Therapy	*	Limited	Limited
	363 – MFP Demonstration	F30	Rent/Food for Unrelated Live-In Caregiver	No	Limited	Limited
	363 – MFP Demonstration	F31	Residential Habilitation and Support	No	Limited	Limited
	363 – MFP Demonstration	F32	Respite	No	Limited	Limited
	363 – MFP Demonstration	F33	Self-Directed Attendant Care	No	Limited	Limited
	363 – MFP Demonstration	F34	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	363 – MFP Demonstration	F35	Speech/Language Therapy	*	Limited	Limited
	363 – MFP Demonstration	F36	Structured Day Program	No	Limited	Limited
	363 – MFP Demonstration	F37	Supported Employment Follow-Along	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.

# IHCP Provider Enrollment Risk Category and Application Fee Matrix



## IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	363 – MFP Demonstration	F38	Transportation	Yes	Limited	Limited
	363 – MFP Demonstration	F39	Vehicle Modifications	No	Limited	Limited
	363 – MFP Demonstration	F40	Workplace Assistance	No	Limited	Limited
	363 – MFP Demonstration	F41	Environmental Modifications Assessment	No	Limited	Limited
	363 – MFP Demonstration	F42	Structured Family Caregiving	No	Limited	Limited
	363 – MFP Demonstration	F43	Wellness Coordination	No	Limited	Limited
	363 – MFP Demonstration	F44	Extended Services	No	Limited	Limited

\* An asterisk (\*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a group. No fee is required if provider is enrolling as a billing provider.